

JUDGMENT DATA SHEET

WARNING TO FAMILY COURT DIVISIONS AND COURT STAFF: This document must not be filed. Do not distribute the completed judgment data sheet to the parties. This form is for Clerk of the Court internal use only.

(1) Case # DR _____

(2) ATLAS Number _____

(3) Date _____ / _____ / _____

Completed by (4) _____

(5) PERSON TO RECEIVE PAYMENTS

NAME					
GENDER	G Male or G Female	DOB	/ /	Social Security Number	- -
ADDRESS					
CITY/STATE/ZIPCODE				Telephone Number	
EMPLOYER				Telephone Number	
CITY/STATE/ZIPCODE					

(6) PERSON TO MAKE PAYMENTS

NAME					
GENDER	G Male or G Female	DOB	/ /	Social Security Number	- -
ADDRESS					
CITY/STATE/ZIPCODE				Telephone Number	
EMPLOYER				Telephone Number	
CITY/STATE/ZIPCODE					

(7) MINOR CHILD OR CHILDREN

	DOB	Amount	Gender	Social Security No.
	/ /			- -
	/ /			- -
	/ /			- -

(8) ORDER DATE _____ (9) TYPE OF ORDER _____

(10) Current Child Support

Amount _____
 Frequency _____
 Due Date _____

(11) Current Spousal Support

Amount _____
 Frequency _____
 Total _____
 Due Date _____

(12) Arrears for Child Support

Amount _____
 Frequency _____
 Total _____
 Thru Date _____
 Due Date _____

(13) Arrears for Spousal Support

Amount _____
 Frequency _____
 Total _____
 Thru Date _____
 Due Date _____

(14) Miscellaneous

Med. Ins. _____
 Frequency _____
 Due Date _____
 Med. Bills _____
 Frequency _____
 Due Date _____

(15) EXCEPTION DATE _____ For Order _____

(16) REVIEW DATE(s) _____ Reason _____ (17) OTHER COURT CASE # _____

(18) COMMENTS _____
(19) PETITIONER _____ (20) RESPONDENT _____

INSTRUCTIONS FOR COMPLETING THE JUDGMENT DATA SHEET

TYPE OR PRINT NEATLY USING BLACK INK

1. **CASE NUMBER:** The case number as it appears on the legal document.
2. **ATLAS NUMBER:** The Payment Clearinghouse number.
3. **DATE:** The completion date of the Judgment Data Sheet.
4. **COMPLETED BY:** The name of the person completing the Judgment Data Sheet.
5. **PERSON TO RECEIVE PAYMENTS:** The name (as it appears on the legal documents) of the person who has been ordered to receive payments. (Enter last name, first name, and then middle name.)
Gender: The sex of the person to receive payments.
DOB: The date of birth of the person to receive the payments.
SS#: The Social Security number of the person to receive the payments.
Address: The mailing address of the person to receive payments.
City, State, Zip Code: the city, state, and zip code for the address.
PHONE: The telephone number for the person to receive payments. (If there is more than one pay to, complete an additional Judgment Data Sheet . Place the additional Judgment Data Sheets behind the first Judgment Data Sheet and staple together in the upper left hand corner. **Example: current child support to mother and child support arrears to court in Michigan.)**
EMPLOYER: The name, telephone number, and address of the person to receive payments-employer.
6. **PERSON TO MAKE PAYMENTS:** The name (as it appears on the legal documents) of the person who has been ordered to make payments. (Enter last name, first name, and then middle name.)
Gender: The sex of the person to make payments.
DOB: The date of birth of the person to make payments.
SS#: The Social Security number of the person to make the payments.
Address, City, State, Zip Code: the mailing address of the person to make payments.
PHONE: The phone number of the person ordered to make payments.
EMPLOYER: The name, telephone number, and address of the person to make payments-employer.
7. **MINOR CHILD(REN):** The last, first, and middle name of the minor child(ren) who are the subject of the support order.
DOB: The date of birth of the minor child(ren).
Gender: The sex of the minor child(ren).
Amount: Per child order, list the amount ordered for each dependent. Blanket order, leave amount blank.
SS#: The Social Security number of the minor child(ren). (If there are more than 4 children, complete an additional Judgment Data Sheet . Place this Judgment Data Sheet behind the first Judgment Data Sheet and staple together in the upper left hand corner.)
8. **ORDER DATE:** The date the order was signed by the judicial officer.
9. **TYPE OF ORDER:** The type of order that was entered. (Insert "DIV" for divorce decree, "INI" initial order, "Mod" for modification, "JOA" for judgment on arrears, "CMS" for medical modification, or "OTH" for other.)
10. **CURRENT CHILD SUPPORT:**
Amount: The amount the person to make payments has been ordered to pay for support of the children.
Frequency: The frequency at which the amount is to be paid. (Insert "MON" for monthly, "WEE" for weekly, "TWM" for twice monthly, "BIW" for bi-weekly, "SEMI" for semi-annually, "ANN" for yearly, "QUA" for quarterly, or "ONT" if a frequency is not given or one time payment.)
Due Date: The date the first payment is due.
11. **CURRENT SPOUSAL SUPPORT:**
Amount: The amount the person to make payments has been ordered to pay for support of the spouse.

12. **Frequency:** The frequency at which the amount is to be paid. (Insert "MON" for monthly, "WEE" for weekly, "TWM" for twice monthly, "BIW" for bi-weekly, "SEMI" for semi-annually, "ANN" for yearly, "QUA" for quarterly, or "ONT" if a frequency is not given or one time payment.)
Total: The total amount of spousal maintenance to be paid, when the order specifies a total.
Due Date: The date the first payment is due.
ARREARS FOR CHILD SUPPORT:
Amount: The amount the person to make payments has been ordered to pay on the past due support.
Frequency: The frequency at which the amount is to be paid. (Insert "MON" for monthly, "WEE" for weekly, "TWM" for twice monthly, "BIW" for bi-weekly, "SEMI" for semi-annually, "ANN" for yearly, "QUA" for quarterly, or "ONT" if a frequency is not given or one time payment.)
Total: The total amount of arrears, when the order specifies a total.
Thru Date: The date through which the total arrears has been established.
Due Date: The date the first payment is due.
13. **ARREARS FOR SPOUSAL SUPPORT:**
Amount: The amount the person to make payments has been ordered to pay on the past due support.
Frequency: The frequency at which the amount is to be paid. (Insert "MON" for monthly, "WEE" for weekly, "TWM" for twice monthly, "BIW" for bi-weekly, "SEMI" for semi-annually, "ANN" for yearly, "QUA" for quarterly, or "ONT" if a frequency is not given or one time payment.)
Total: The total amount of arrears, when the order specifies a total.
Thru Date: The date through which the total arrears has been established.
Due Date: The date the first payment is due.
14. **Miscellaneous:**
Medical Insurance: The amount the person to make payments has been ordered to pay for medical insurance coverage.
Frequency: The frequency at which the amount is to be paid. (Insert "MON" for monthly, "WEE" for weekly, "TWM" for twice monthly, "BIW" for bi-weekly, "SEMI" for semi-annually, "ANN" for yearly, "QUA" for quarterly, or "ONT" if a frequency is not given or one time payment.)
Due Date: The date the first payment is due.
Medical: The amount the person to make payments has been ordered to pay for medical bills.
Frequency: The frequency at which the amount is to be paid. (Insert "MON" for monthly, "WEE" for weekly, "TWM" for twice monthly, "BIW" for bi-weekly, "SEMI" for semi-annually, "ANN" for yearly, "QUA" for quarterly, or "ONT" if a frequency is not given or one time payment.)
Due Date: The date the first payment is due.
15. **EXCEPTION DATE:** The exact date given in the order, for a set time period, during which no payments are due. (If the exception dates are continuous from year to year, use "XX" for the year.)
For Order: The type of order for which the exception dates apply. (Child support, Spousal Maintenance.)
16. **REVIEW DATE:** The date given in an order when the amount of an order is to change.
Reason: The type of order for which the adjustment date applied and the updated amount of the order.

17. **OTHER COURT'S CASE NO:** If the case is a reciprocal, the case number of the initiating or responding court or agency.
18. **COMMENTS:** Any information in the order that may have a bearing on the posting and mailing of the payments. **(Example: AKA's related cases.)**
19. **PETITIONER'S NAME:** The name as it appears on the legal documents.
20. **RESPONDENT'S NAME:** The name as it appears on the legal documents.